

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-in-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number SEP 08 1992

Date Received

Winston-Salem
Regional Office

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: Lyles Chevrolet Company, Inc.
(Corporation, Individual, Public Agency, or Other Entity)Street Address: 1800 N. Main StreetCounty: GuilfordCity: High Point State: NC Zip Code: 27262Tele. No. (Area Code): (919) 884-2288

II. LOCATION OF TANK(S)

Facility Name or Company Transco PropertyFacility ID # (if available) 1Street Address or State Road: 1730 N. Main StreetCounty: Guilford City: High Point Zip Code: 27262Tele. No. (Area Code): (919) 884-2288

III. CONTACT PERSON

Name: Ross Wall Job Title: Service Manager Telephone Number: (919) 884-2288

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: ENSCI CorporationAddress: 1108 Old Thomasville Road State: High Point, NC Zip Code: 27260Contact: Henry M. Havener Phone: (919) 883-7505

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
1	2,500	Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	2,500	Diesel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	10,000	Gasoline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Henry M. Havener/Sr. Project Manager*Scheduled Removal Date: 10-3-92Signature: Henry M. HavenerDate Submitted: 10-3-92

If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.